

TESTIMONY BILL #5499

Dear Madam Chair and Distinguished Committee Members:

My name is Soozi Flannigan and I am a hospice nurse and nurse practitioner with the Connecticut hospice for 19 years and I am in opposition of BILL 5499

We are here today with our different view points on how hospice inpatient care needs to be provided. For us it is about maintaining the Standards of Care and Patient Rights

For the opposition it is about access and being close to home.

Currently, Every hospice must provide in-patient level care in order to have their hospice license. THERE IS LOCAL ACCESS IN NURSING HOMES AND HOSPITALS ACROSS THE STATE. In the last 4 years, both my Aunt Rita and Uncle Jim died on hospice beds in Danbury Hospital where their immediate symptom needs where met, the care was excellent and family could stay around the clock.

I have serious and justified concerns about the proposed changes in our hospice regulations and how they will impact patient care.

The changes are frightening-even if they "comply" with the minimalist Federal guidelines. Frightening how you say? Here is a snapshot of one nurses' experience practicing at an inpatient hospice under the minimal MEDICARE guidelines this bill supports:

"I am working in an inpatient Hospice facility with 20 beds. The staffing is 1 RN 1 LPN and 2 CNA's . As hospice has begun taking much more acutely ill patients, the staffing has become inadequate. I work the 3-11 shift. I am running from room to room putting out fires and not doing any quality hospice care at all. It feels more like a MASH unit or Hospice ICU than a true hospice setting. It is becoming more and more unsafe. When I complain, I am told that the staffing "meets national standards".

Is this the hospice care model Connecticut wants to provide?

The staffing model being proposed totally underestimates the serious nature of the dying patient. No onsite physicians, onsite pharmacists for complex symptom management and no mandated nurse to patient ratios. In the event of acute symptoms, the Emergency Departments will be flooded with dying patients in their last hours. I find this to be a disgrace and a dis-service to the dying patient and family.

I also hope those in high positions of responsibility are aware of the hospice fraud and abuse being investigated all over our country by the department of justice. Hospice has become a HUGE BUSINESS for the for-profits. Ask yourselves why? Everyone gets the same dollar, but not everyone offers the services the dying patient and family have a right to receive. With no mandated staffing our state is at risk for these abuses. This BILL is supporting this same model under the guise of becoming contemporary.

We can't stop big business, nor would we want to, however, WE CAN UPHOLD HOSPICES TO THE HIGHER STANDARDS OF CARE HOSPICE PATIENTS AND FAMILIES DESERVE and CT is known for through you, our government.

Our State has a lot at stake. Power struggles aside, decisions to change hospice clinical practice models must be made by those who are fully informed and aware of the ramifications. It is the responsibility of our government to protect the people, especially the dying patient.

I urge you to stop this bill, this wolf in sheep's clothing.

Thank you.